



# Annual Report 2022

Cap Anamur / German Emergency Doctors

Imprint

editor and text:  
Stephanie Berg / Cap Anamur

photos:  
Jürgen Escher, Cap Anamur

layout:  
Thomas Berghaus

Content

VISION

A big impact for people 04

Editorial - Interview Jürgen Maul  
on emergency aid in Ukraine 06

Access to healthcare  
what we want to achieve and what we are achieving 10

ACTION

**Medicine: 25 years of Nuba Mountains -**  
Our longest project to date 14

**Medicine:** Sierra Leone -  
Counteracting the high mother-child mortality rate 18

**Medicine:** Lebanon - Syrian refugee children receive therapy  
tailored to their needs at our physiotherapy practice 22

**Education:** Central African Republic example -  
Offering children a school perspective 26

**Construction:** Example Mozambique -  
Reconstruction of health facilities 30

**Further projects worldwide 34**

REFLEXION

Reflective, Active & Transparent 38

Controlled aid worldwide 40

Risk and hazard analysis 42

Chronology of a project 46

Orientation for our actions 48

Association structure 50

Organization chart 52

FINANCES

Principles 54

Expenditures 56

Revenues 64

Structure of the income statement 66

Voluntary audit 68



## VISION

### Working for maximum effect

#### Working for maximum effect

Before we embark on a new project, we take into account not just the emergency aid requirements, but above all the long-term effects on the people we are trying to help. This way we can achieve big results despite our limited organization size. These results are reflected in the number of patients treated, nurses and midwives trained, buildings erected and renovated, infrastructure renewed and quantities of medicines and food supplied. But it is equally important for us to see people regain hope in a better future, gain a new perspective, strength, trust and motivation.

#### Small organization

Cap Anamur keeps its internal structures small in order to provide fast and non-bureaucratic help, and to ensure that donations arrive where they are most needed. Five employees at our Cologne headquarters and three honorary board members take care of all administrative tasks: from the coordination of the different projects, fundraising, public relations to bookkeeping and administration of donations. Thirty employees from the fields of medicine, care and technology work on our various projects, currently in 11 countries. Our organiza-

tion operates independently of political, economic and religious interests to help the people who need us most.

#### ... and society

Our goal is to make healthcare available to the entire population of a country. With our commitment, we create structures that not only benefit individuals, but can also make a lasting difference to society. At the end of each project, we leave behind functioning structures that can be used for the benefit of the whole population. Training staff not only serves their personal development, but patients also benefit from the new expertise of the local medical experts.







## VISION

### Editorial: Interview with Jürgen Maul on emergency relief in Ukraine



We have been providing emergency aid in Ukraine since one year now. Since the beginning of March 2022 a Cap Anamur project team member is continuously in the country to coordinate our support. We now supply medical institutions countrywide with urgently required medicine, materials, and technical equipment. Thus, we ensure that these medical institutions can continue to provide support to the people in the country. Jürgen Maul has been in the Ukraine since May 2022. He reports about our work.

*What aid is Cap Anamur providing in the Ukraine?*

**JÜRGEN MAUL:** I would describe the work of Cap Anamur in Ukraine as logistic emergency aid, which means that we recognize emergencies, classify them and respond accordingly.

*How do you proceed in your work?*

**JÜRGEN MAUL:** My job is to analyse the situation on site and to determine the requirements of a hospital. From our network of contact persons all over the country I receive information which

location or medical institution require support. Relevant for our support is how large the respective city is, how far away it is from the war front and whether it is under Ukrainian control. Subsequently, we establish a personal contact to discuss the requirements in detail. Usually, afterwards I visit the city or medical institution affected so I can assess the situation personally and record the demand. To us long term support planning is important. After consultation with our Cologne office, I immediately organize the material required, medicine or instruments and put them together for transport. In most cases I accompany the transport myself and am responsible for the handover on-site.

*What specific help did we provide last year?*

**JÜRGEN MAUL:** Cap Anamur supports various hospitals in Ukraine, distributed throughout the country, and particularly near the disputed areas. In Kramatorsk (in the Donbas region), in Isium (in the Charkiv region), as well as in Vasilkiv (near Kiev) and Slobozhansk (in the Dnipro region). Especially the cities Vasilkiv and Dnipro were subjects to attacks and have experienced many missile strikes. We also look after the hospital in Novoselytsia in the west of Ukraine to provide the best possible care for the many internally displaced persons in the city.



**KRAMATORSK:**

Since June 2022, we supply the first aid hospital close to the combat area in Bachmut in Donbass regularly with consumables and instruments for the care of the severely injured. In March 2023, we recently provided an ultrasound scanner, surgical equipment and a defibrillator so that to care for daily emergencies.

**ISJUM:**

Since November 2022, we supply the city Isjum which was occupied by the Russian military for six months in many areas. We have supplied 200 private households with heating furnaces and relief items so that they could survive the winter. We have supplied the municipal hospital with surgery requirement material.

**DNIPRO - SLOBOZHANSK:**

We have provided the hospital of the fourth biggest city in the Ukraine with an urgently required C sheet x-ray machine.

**VASILKIV:**

In the Kiev region we supply the hospital in Vasilkiv since the beginning of the war of aggression. Initially, we regularly delivered consumables and medicines. Most recently, we provided a baby incubator and surgical equipment.

**NOVOSELYTSIA:**

The city Novoselytsia is situated in the west of the country. We have established our project base there and cooperate closely with the municipal administration. We are involved in many areas to find solutions together in order to provide for the many internal refugees in the city. We have supported the hospital with an operation gable, a portable ultrasound scanner and a PCR workstation.

***Is there an event that you remember in particular?***

**JÜRGEN MAUL:** I was particularly moved by the situation in which many thousands of people have been during the winter. In many towns and cities there was not any longer water or electricity supply. Thus a lot of households were not able to heat and were exposed to the cold. At this time we already supplied the city Isjum with heating furnaces and heating units. Then we learnt that in the village Kamjanka, that had been completely destroyed, eleven families were living in the ruins of the houses destroyed. It was mostly old women and men who were not able to leave their village. For these families we have provided 15 stoves for burning wood with cooking facilities attached. Although the entire region is mined, these could be operated with wood from the ruins of the completely destroyed houses.

In addition to that, a power generator, a power station, blankets, sleeping bags, tableware, cups, drinking vessels and canned meat were supplied for several weeks.

With the help of the winter aid that was provided by us the people of Kamjanka were equipped for the winter months.



## VISION

### Access to health services

Our vision is a world in which our aid programmes are no longer required, and in which every country can provide accessible and sustainable health services for the entire population. A healthcare system that is accessible and affordable for the whole population is a cornerstone of an intact society. To ensure that our aid is no longer needed at some point, we are working at various levels to improve local health structures. Our commitment is sustainable and therefore goes far beyond acute medicine. That is why the training and further education of local staff is particularly important to us. Our local team of specialists passes on their knowledge in the fields of medicine, care and technology in workshops, training courses and in their daily work. In Afghanistan, we even run a three-year training programme for male and female nurses.

In addition to training local specialists, we work with our local partners to develop effective administrative systems that guarantee the independence of each facility in the medium to long term. This includes the optimisation of ward processes, the development of a documentation scheme and, last but not least, the implementation of a financial plan that identifies revenue opportunities and enables expenditure to be controlled.

We also create technical infrastructures to facilitate or in some cases enable medical work on site. Through the construction, repair and restructuring of building complexes and the installation

of an electricity and water supply system, we build safe rooms in which patients can be treated with confidence.

By supplying medicine, medical and technical equipment, and dressing materials, we make a further contribution to ensuring the care of patients. Vaccination campaigns, prenatal examinations and family planning advice as well as consultation hours for diabetics are part of our daily work in the projects.

Those who feel secure and adequately cared for in their home country only rarely leave it to face an uncertain future in a foreign country. Our work gives people in crisis regions hope for a better future, and improves living conditions both fundamentally and sustainably.

Working independently for our goals is an important factor in what we do. We are committed to helping all people in need - without being influenced by ethnicity or skin colour, political convictions, religion, language, social background, disability, age or gender. Also, our projects are financed entirely by private donors, which ensures our financial independence from interest-driven donations by large companies or institutions. As a small aid organization with a lean administration, we work with these principles every day to achieve our vision.







## VISION

### Access to health services



#### Training and further education    Infrastructure

In order to ensure the sustainability of our projects, we attach great importance to training and educating local staff. Our team of trained and experienced specialists on site passes on their knowledge in the fields of medicine, care and technology in workshops, training courses and in their daily work on the projects.

In many countries there is not only a lack of comprehensive medical care, but also a lack of basic technical infrastructure to enable the provision of health services in the first place. This is why we participate in the construction, repair and restructuring of building complexes and the installation of electricity and water supply systems. We create safe spaces where patients can be treated with confidence.

#### Administration

We support our local partners in developing a sensible and effective administration system that guarantees the independence of the institution in the medium to long term. This includes the optimisation of ward processes, the development of a documentation scheme and, last but not least, the implementation of a financial plan that identifies revenue opportunities and enables expenditure control.

#### Equipment, precautions

Good work requires good basic materials. That is why we supply hospitals and healthcare posts with medicines and medical equipment. In addition, we carry out vaccination campaigns, offer antenatal check-ups and family planning advice, as well as consultation hours for diabetics. We also treat countless patients who suffer from chronic malnutrition.





## ACTION

### Medicine: Example Sudan

### 25 years Nuba Mountains – our longest project so far



#### Why we are here

Sudan has been a scene of armed conflicts between rebel groups and the official government for decades already. The secession in 2011 to become an independent South Sudan only intensified the fighting further, especially in the border state of South Kordofan. The Uprising movement of 2019 led to the deposition of the presidency, and an interim government, consisting of the military and civilians. In 2021 the tension increased once again, due to another military coup. It is the civilian population however, that suffers particularly from the fighting between rebels and government, as they are often forced to flee their targeted villages and seek refuge in the caves of the Nuba Mountains. Due to lack of food provisions, limited water reserves and inadequate medical care, life in the mountains quickly turns life into a fight for survival.

#### What we want to achieve

Through its own hospital in Lwere, Cap Anamur has been providing basic medical care for over 25 years in the Nuba Mountains. This makes it our longest project up to date. With the establishment of three more medical facilities within the radius

of 150 km, we were able to expand our assistance considerably. In total, we are able to reach more than 200.000 patients in Sudan annually. We offer a wide range of consultations and treatments, as well as the possibility of being admitted, operated on and treated as an inpatient, for serious illnesses and injuries. The doctors and nurses we dispatch strive to continuously train and educate the local staff on all relevant subject matters.

#### How we operate

Our central hospital in Lwere has, apart from an emergency reception and separate operating theater, a laboratory, pharmacy as well as bedrooms for inpatient treatment and various rooms for consultations. As a separate building, our new Mother-Child unit offers examination and delivery rooms, a „milk kitchen“ and a surgery room. Several constructional changes were made in 2022 to improve our medical care even further. The newly built emergency department is larger and has been modernized. The original ER was converted into patient rooms, therefore increasing the hospital's capacity for inpatient care.

Furthermore, we intensively trained a member of staff to become a surgeon. The young surgical assistant Yahya had been working at the hospital for a few years already. He has demonstrated his skill





and talent, and proven his substantial knowledge on surgical and anatomical matters. It was therefore decided to train Yahya to be able to conduct surgeries independently in the future. He thereby supports the director of the clinic, Joseph, who has been leading the local surgical team for years already. Additionally, Yahya can be deployed to external medical centers for upcoming surgeries. We are thus expanding our medical services in all our outposts as well.

## Our success

Through the continuous optimization of all operations of the hospital, may it be through infrastructural expansion or further training and education of the employees, we are helping improve the medical care in the region year after year. Our other medical locations are also constantly being structurally improved to optimize results. In total, over 207.000 patients were treated across our four locations in 2022. Due to this high number of treated patients, the hospital in the Nuba Mountains counts as one of our most successful projects.

## How we do quality control

Twice a year, we send supplies made up of medicine, food provisions and building materials to the region which can only be reached through difficulty. The entire logistics process – from procurement to delivery – is subject to strict rules and control. After a needs assessment, we plan the procurement and compare different offers. Once a supplier has been selected, our team will be present at every step of the way, from the handover and loading, to the transportation and the distribution of the food. At the final destination the entire order undergoes a check for completeness and will be stored in our warehouses. Every step is being monitored and reviewed separately by our Cologne Division, occasionally corrected and then approved. In particular, the financial transactions follow a strict protocol regulated by the Cologne division, according to the „four eyes“ principle.

In our hospital, solely authorized personnel have access to the medical storage, to get anything for daily use. All withdrawals are being documented. Any cash reserves at the location are being securely kept, with only the treasurer having access to it. The treasurer is in charge of all accounting, i.e. in- and outflows, which need to be backed up by receipts. Monthly statements are being sent to the central accounting department in Germany, where

they will be checked once again. Statistics regarding patients and reports on medical and building activities are also being transferred to the project coordination on a monthly basis. Moreover, regular exchanges concerning the political situation and any threats in the region are taking place through satellite based communication media.

## Outlook on the future

After many political developments in the Nuba Mountains in 2020, another military coup took place in 2021, which continues to inflict much suffering on the civilian population to this day. As a necessary and integral part of the local community, we will continue to support the local population by offering basic medical care to those in need. Whether we will be able to expand our work in the region will depend on the level of danger at the location at hand.

One thing is certain: in 2023 we will be able to once again dispatch highly qualified medical professionals to our projects, so that they may further train and educate the local staff.



## ACTION

### Medicine: Example Sierra Leone

#### Countering the high mother-child mortality rate

#### Why we are here

A long civil war in the 1990s destroyed large parts of this West African country. Social systems such as politics and the economy, or the health and education systems had collapsed. There were no future prospects, certainly not for the traumatized children, thousands of whom were forced to participate in the war as armed soldiers. After years of rebuilding, the Ebola virus then ravaged West Africa between 2014 and 2016, killing nearly 4,000 people in Sierra Leone alone. Cap Anamur had remained in the country as an aid organization and set up an admission and isolation ward at the Ola During Children's Hospital (ODCH). However, after the epidemic the health system had collapsed once again to a great degree, and a new reconstruction was needed. We accompanied this throughout and carried it out in the ODCH. In particular, we want to prevent the high child mortality rate in the West African country by providing free treatment in the children's hospital.

#### What we want to achieve

Since 2003, we have been supporting the reconstruction of the medical infrastructure in Sierra Leone, while at the same time expanding the country's supply options. By providing medicines, medical and technical equipment, and dressing materials, we are making a further contribution to ensuring that the population, especially children, are cared for. With the targeted administration of medicines, we can prevent the severe course of deadly diseases. In Freetown, we work closely with the Ola During Children's Hospital and support the medical work with seconded specialists who work directly with patients. Sierra Leone still has one of the highest mother-child mortality rates in the world. As a result of our work, care for mothers and children is improving.







## What happens next

Seven years after Ebola, the health system in Sierra Leone has still not been restored. In 2020, the Corona pandemic also led to significant restrictions in medical care. Only since last year have we been able to treat the same number of patients as before the pandemic. And with the country's mother-child mortality rate remaining high, our work will continue to be very important in the future. Our seconded specialists ensure that hospital staff are well trained. That's why we will continue to provide Sierra Leone's largest children's hospital with technical, personnel and financial support in 2023.

## How we control

In Freetown, too, we conscientiously monitor the flow of money, order lists, deliveries and distribution of goods in the individual wards. The prescription of medicines is monitored, as is the presence and absence of staff. All transfers of goods and money - from ordering to handover to the facilities we support - are monitored by our employees on site. There are no transactions without our approval. To document the number of patients, diagnoses, and therapies as well as the consumption of medicines, all facilities keep separate books, which are checked by us and reconciled with the respective stock of goods. Regular project visits are a further means of control.

## How successful we are

While we were able to treat about 41,000 children at ODCH per year in 2019, we had to significantly limit the number of patients in 2020 due to an order from the Sierra Leonean government. This meant that we complied with requirements to contain the Corona virus but were then only able to provide medical care to significantly fewer children. As a result, the number of patients in 2020 and 2021 was far below the usual number. Through our continuous engagement, we were able to avoid the closure of the paediatric clinic due to the Corona pandemic and were on-site with medical staff to continue to optimize ODCH operations through training and continuous education of local staff. Our professional staff was on constant duty in the ICU to continue to provide the best possible care to patients. Fortunately, in 2022 the care situation became regular again, so that we were able to treat an increasing number of children compared to the two pandemic years and are now back to the level of 40,000 boys and girls treated.

## How we operate

In Freetown, the capital of Sierra Leone, we support the Ola During Children's Hospital (ODCH). Here we organize and finance the delivery of medicines and medical equipment as well as the construction and repair of buildings and the hospital's infrastructure. We also send medical staff to care for the young patients, to train local staff and to optimize administrative processes on the wards and in management.

A total of 180 beds are available at ODCH for the underage patients, most of whom are admitted in a seriously ill condition. For particularly severe cases, twelve beds are available in the intensive care unit, which, however, cannot be compared with an intensive care unit in Germany. The possibilities for treatment are very limited in Sierra Leone, so apart from some oxygen, only a few technical aids for administering infusions and monitoring possibilities are available. Our seconded specialists in particular supervise the work in the intensive care unit.



## ACTION

### Medicine: Example Lebanon

Syrian refugee children receive therapy tailored to their needs at our physiotherapy practice.



### Why we are here

The economic and political situation in Lebanon has been increasingly catastrophic for years. Cap Anamur has been acting in the Sidon area in Lebanon since 2016 in the villages of Syrian families who have fled. Currently, inflation is rising faster than ever before and many essential goods are no longer affordable for the majority of the population. With the increasing economic crisis, the effects of the Corona pandemic and finally since the explosion in Beirut, the situation in Lebanon is getting worse. Suffering are the poorest of the population and the approximately 1.2 million Syrian refugees who struggle daily to survive.

Many Syrian refugees have crossed the border to Lebanon to seek safety from the war in their own country. Here, they mostly live in large campsites with no financial security and uncertainty about if and when they will be able to return home. Many of these villages are located in the Sidon area, south of the capital Beirut. There is no adequate medical care there. Since consultation and treatment in health care facilities is also not free of charge for Syrian refugees, many people remain without medical care even for acute illnesses. This particularly affects boys and girls who need special medical care due to a mental or physical disability. For these children, we opened a physiotherapy practice

in 2018. There, the young patients receive therapy tailored to their needs. This improves their mobility, motor skills and makes them more independent. This enables them to participate in everyday life and supports the families in caring for the children.

### What we want to achieve

The supply situation for poor people in Lebanon is catastrophic. Among the poorest people in the population are the approximately 1.2 million Syrian refugees. Since the Lebanese state does not provide social benefits for Syrian people, medical treatment involves private costs. Very few Syrian families, who are already living at subsistence level, can afford these costs. Therefore, we provide people in the refugee villages with a mobile clinic. During these consultations, we can identify children with mental or physical impairments. Our medical staff then creates a referral to the physical therapy clinic. There, our physical therapists develop an individual therapy plan for each child. The boys and girls are transported to the practice for these therapy sessions. And if needed, we also make aids or provide walkers or wheelchairs.

In this way, we support the families in caring for their children as they require individual therapy.





### How we operate

Cap Anamur has been working in Lebanon in the Sidon area since 2016. Our medical care includes the operation of a mobile clinic that provides consultation hours in the housing settlements of Syrian refugees. In addition, since 2018, we have been operating a physiotherapy practice for the treatment of children with mental or physical disabilities. If needed, we organize daily transportation to cooperating health facilities.

We cover the costs of examinations, treatments and medications. For the patients of our physiotherapy practice, we provide the therapy sessions individually for each child.

### How successful we are

With our mobile clinic we treat about 1,500 - 2,000 people per month. In the physiotherapy practice, we conduct up to 210 therapy sessions per month for an average of 40 children. We also regularly distribute food parcels to about 2,000 Syrian and Lebanese families affected by absolute poverty.

### What happens next

The situation in Lebanon is catastrophic - Cap Anamur will continue to stay. The already precarious supply situation was further aggravated by the additional fuel shortage in the summer of 2021. Power outages for hours across the country were the result, as electricity in Lebanon is supplied by gasoline-powered generators. Cold chains failed, and tons of much-needed food spoiled. Food and also medicines became more expensive as a result. The operation of hospitals also depends on a functioning power supply. The financial and economic crisis as well as the prevailing corruption are well-known factors that have currently led to inflation rising faster than ever before. Many essential goods are no longer affordable for the majority of the population.

Despite the circumstances, we continue to provide medical care with our mobile clinic.





## ACTION

### Education: Example Republic of Central Africa Offering children education perspectives



#### Why we are here

Violent shifts of power have been the norm since the Central Republic of Africa gained independence from France in 1960. Civil war has reigned since the latest coup in 2013, and battles between rival militias and rebel groups dominate people's lives. Conflicts are driven equally by religious, political and economic motives, plus the securing of territory and valuable resources. The presidential election of Faustin Archange Touadéra in February 2016, and numerous peace treaties between rebel groups and the government in Bangui, have not led to any lasting relief of the situation. Since the election in 2020, country-wide armed conflicts persist. Rebel groups and militia control around 80% of the country, and vast areas are considered ungovernable.

The social situation is devastating. Hundreds of thousands seek refuge over the whole country. With a yearly income per person of 476.85 USD (World Bank), the United Nations list the Central Republic of Africa as the world's second poorest country. Infrastructure is seriously inadequate, lacking roads, hospitals, a stable water supply and schools.

These are the reasons Cap Anamur decided in 2019 to commence construction of schools in the province of Bossembélé, Central Republic of Africa.

#### What we want to achieve

Around 60% of over 15-year-olds in the Central Republic of Africa are illiterate. The education system suffered greatly during the years of civil war; schools were destroyed and hardly any replacements built. In rural areas, many children don't even start school, because their labour is needed to contribute to the family's income.

To make education possible for the boys and girls, Cap Anamur has been supporting reconstruction of schools. In addition, further education and training for teachers is offered.



## How we proceed

At the end of 2020, we already completed construction of the new primary school in Bondio. Mid-2021, the foundation was laid for a further primary school, in Bowesse 2, a town outback of our project location in Bossembélé. Construction was successfully completed at the end of 2021. In December 2021, after finalising their work in Bowesse 2, our construction crew relocated directly to the Community Bossongo Café. Until then, there had only been a private school. Representatives from the Ministry for Education approached Cap Anamur, because many families could not afford the fees for a private school, and a public school was in great demand. Six classrooms, a teachers' room, a principal's room, storage capacity and sanitary facilities made up our largest school project to-date. In 2022, a total of 1,200 pupils attended this primary school.

Since the spring of 2022, we have focussed on two further construction projects in Bossembélé. We have extended the primary school in the province capital city with four further classrooms, storage facilities and a teachers' room. The school had reached maximum capacity, and the extension ensures that more children can attend in the future.

Nextdoor, we erected a library. This comprises two reading rooms, a book storage unit, a manager and computer room, and a reading garden with

benches. School materials for the whole region can be stored in the new building.

## How successful we are

In 2022, we completed a school construction project and commenced two further projects. Thus, over the past five years, construction of three primary schools and the first library in Cap Anamur's history have been completed. Furthermore, we have commenced construction planning for a secondary school, which can open in 2023.

We have now ensured that boys and girls in the province of Bossembélé have access to widespread and multiple school choices, and the chance to gain academic qualifications.



## How we monitor

Our colleagues in Germany and the Central African Republic thoroughly check every step of project duration. Construction stages are planned and checked by experts, necessary materials exactly calculated and consequently compared with tenders from local dealers before orders are placed. A documentation system is employed to oversee the movement of all goods. Processing of all building materials is traced and logged. We are thus able to ensure that materials such as timber, steel and tools are neither wasted nor stolen during the building phases. Our construction manager is permanently on-site, which enables us to continuously follow the progress of all construction measures, and to intervene if necessary. As with all projects, procurement follows the proven principle: No issue without receipt. Every cash flow is acknowledged and reported to the accounts department in Cologne. Monthly validations ensure that the financing system remains transparent.

## How to continue

Renovation or replacement of derelict school buildings will not be financed through government funding in coming years. For this reason, Cap Anamur will consider further school construction projects, to assist the ailing education system and provide the necessary infrastructure for children's schooling.





## ACTION

### Construction: Example Mozambique Reconstruction of healthcare facilities



#### Why we are here

Already since 2019, northeastern Mozambique has seen an increasing number of raids and attacks by jihadist groups. Cabo Delgado province and the provincial capital of Pemba have been particularly hard hit. The attacks have also affected the civilian population, who have fled the attacks and massacres. They have found refuge in camps, where they are living under catastrophic conditions while waiting to return home.

In the meantime, the Mozambican military, with the support of Rwandan soldiers, has been able to recapture towns taken by the extremists. However, the attacks by the jihadist militia groups have led to the severe destruction of infrastructure such as hospitals or administrative buildings. Cap Anamur is therefore dedicated to the reconstruction of two hospitals in Cabo Delgado province, in the towns of Quissanga and Nacobe.

#### What we want to achieve

The Islamist attacks were contained in 2022 and the towns taken by them were liberated. However, the brutal attacks resulted in the severe destruction of the infrastructure of the region around Cabo Delgado. As a result, the people who left their villages due to the terrorist violence have not yet been able to return. The primary goal of the Mozambican government was therefore to rebuild the infrastructure to enable people to return to their home villages and towns as soon as possible.

Cap Anamur is involved in the reconstruction of the medical infrastructure in the region. This is because basic medical care must also be guaranteed for people to return. Our work focuses on the coastal town of Quissanga and Nacobe, 30 kilometers away. The medical facilities there had been destroyed by fires.



### How we proceed

First, during an evaluation trip, our project staff gained a personal impression of the two healthcare facilities and determined the actual needs for the construction work required. After approval by the Cologne office, all materials were procured in Mozambique itself. Local craftsmen were also hired to carry out the work. We completely renovated the hospital in Quissange, which had been destroyed by fire. We provided the missing equipment so that operations could be resumed. We partially rebuilt the health post in Nacobe and renovated and re-equipped the remaining buildings.

Operations could be resumed in both facilities at the beginning of 2023. They are now well attended again as people have returned to their villages. We can now provide basic medical care for them.

### How successful we are

Work to rebuild the two health facilities was largely completed by the end of 2022. Up to this point, medical treatment in the region was provided only sporadically by a mobile clinic. In 2023, we will support medical care at the health facilities through deployed medical professionals.

### Where we go from here

The security situation in the northern region of Mozambique is not yet fully guaranteed. Nevertheless, due to the reconstruction of the infrastructure, people are returning to their home villages. To ensure that their medical care is provided in the best possible way, we are supporting the work in the medical facilities with seconded specialists in 2023. They work together with the local forces to treat the people and carry out further training for the medical staff.





## ACTION

### Further projects – worldwide engagement



34

### Afghanistan

In August 2021, the Taliban took control of Afghanistan. Work in this country has no longer been possible for many humanitarian organisations. We were however able to continue our educational project for Afghan women. The dialysis station in Herat also continued to be managed. The after-school support project for pupils from low-income families did however have to be adapted to regulations set by the new rulers. We can no longer tutor female pupils. Afghan girls are only permitted to attend school up until the sixth class. In 2023 we will also offer a new training course for nurses.

### Bangladesh

In Bangladesh we cooperate with four state-run and two non state-run hospitals in order to provide the poorest in the land with free access to the healthcare system. Cap Anamur provides these medical institutions with medicine, technical equipment, instruments and supplies. This provides the chance to access adequate medical care to above all severely disadvantaged women throughout the country, and is especially taken up by pregnant women.

In 2022 we treated approximately 290,000 patients across all cooperating hospitals. Of these, 136,000 were women, 45,000 were children and 108,000 were men. In addition, we provided warm blankets in winter to women from vulnerable groups. In 2023 we are sending one doctor, who will support the work in one of the none state-run hospitals.

### Pakistan

Persistent and exceptionally heavy monsoon rains have led to catastrophic floods lasting almost four months, affecting above all south eastern Pakistan. Cap Anamur supported in the medical care for those who had fled. Medication was distributed via an aid delivery to local health centres in the greater Dadu region in Sindh.

35

### Sierra Leone

#### Centre for Street Children

The Pikin Paddy Centre for Street Children closed in August 2022. All children admitted to the centre were reintegrated within their families by this point. Aftercare for the children will however be provided up until summer 2023 as part of our Follow Up programme. In 2022, a total of 123 children were cared for as part of this programme. Skill support to complete apprenticeships was provided to 11 youths. Furthermore, 110 boys and girls received school support in order to obtain their leavers qualification.

#### Hygiene Project

Since 2014, Cap Anamur has ran a total of nine toilet and shower blocks in the slums of Sierra Leone's capital. These have been of particular importance during the Corona pandemic. The slums are an overcrowded settlement of huts, shacks and dilapidated houses built upon and amongst heaps of garbage. Through this runs a filthy river outlet, which is blocked and polluted by everyday garbage and in which pets wallow. Despite its proximity to the sea, clean water is hard to come by. Households do not have running water. Therefore, toilet blocks have been established in which the slum inhabitants can take care of their daily basic needs.

To this day, the houses are cleaned daily and visitors are also reminded about important hygiene guidelines such as washing their hands. We regularly renovate the wash houses to ensure they remain usable.



## ACTION

### Further projects – worldwide engagement

36

#### Uganda

The St. Clare Health Center Orungo was refurbished and extended by Cap Anamur between 2003 and 2014. Since 2014, the hospital has been back under the self-management of local authorities. To ensure the site's ongoing operation, we support the health centre annually with a basic supply of medicine. These are used for the care of people who cannot afford medical treatment.

Among all else this allowed us to prevent supply shortages, especially during the pandemic.

#### Ukraine

Since March 2022, we have been providing emergency care in the country. We provide medicine, materials and technical equipment to hospitals. Our aim is to safeguard the medical care for the remaining and internally displaced people in the country. As there is no end to the war in sight, we will continue to provide emergency medical care throughout 2023. We will concentrate the provision of necessary materials in hospitals near the frontline, so that care for the heavily injured can continue.

#### Central African Republic

Since 2013, we have run the hospitals in Bossembélé and Yaloké. These medical institutions have since then been continually structurally improved to develop healthcare in the region. We provide medical personnel to treat patients and also to further train staff. Over 35,000 patients received treatment in the large hospital in Bossembélé in 2022. Approximately 12,000 men and women received medical care in our outpost in Yaloké. In 2023 we will also send Cap Anamur employees to the country.





## REFLECTION

### Reflected, Active & Transparent



38

#### Reflected

Our professional and experienced team in Cologne accompanies each of our projects with theoretical guidelines that underpin our practical commitment. Any new experiences and reports from our local staff are directly incorporated into this process. The focus is on observing the course of each project, analysing and managing risks and dangers, monitoring the impact of our work, and observing a set of principles to which we are committed. These are explained in more detail on the following pages.

#### Active

For many years we have been active in war and crisis zones. In order to achieve our goals, we employ active, open-minded, hands-on employees who put their specialist knowledge into practice. In the event of famine, natural disasters or acute conflict situations, they must act quickly to help people in need. However, even under time pressure development cooperation projects require intensive preparation, consistent monitoring and self-critical follow-up to remain sustainable and effective. In short: constant reflexion.

#### Transparent

The greatest possible transparency at all levels of our operation is important - to give our donors, relevant institutions and organisations, and anyone interested in our work the opportunity to understand our approach both in theory and practice. To ensure this we make our activities, plans, thought process and financial situation available to everyone in our print and online publications, and last but not least in this annual report. In addition, the German Central Institute for Social Issues (DZI) regularly audits our organisation and for many years has classified us as unreservedly recommended.

39





## REFLECTION

### Controlled aid worldwide



#### Monitoring project progress

Humanitarian projects are of existential importance for the population in crisis regions, regardless of the type of emergency they face. In these situations, the affected population often depends on rapid and non-bureaucratic assistance. However, the mere distribution of relief goods is by no means sufficient. In order to ensure the sustainable success of the operations, each individual project must be monitored conscientiously and responsibly.

Cap Anamur has developed a comprehensive set of tools to meet this requirement. This enables us not only to provide meaningful and needs-based assistance, but also to fulfil our duty to use the donations entrusted to us appropriately and effectively.

In our operating regions we always work with a very high proportion of local aid staff. This has two big advantages over using only seconded employees in projects: Firstly, there is a high level of acceptance among the local population for our projects, which thus become their projects. Secondly, by creating employment opportunities, we help the staff involved to be part of economic life. At the same time, Cap Anamur employees are constantly on site during the course of projects and monitor the use of funds. This includes the appropriate use of building materials and the needs-based distri-

bution of relief supplies and medicines. Logs, and proofs of necessity and use ensure that there is official and traceable documentation of how goods are used at all times. The employees we dispatch have the appropriate specialist knowledge and the necessary experience to carry out these processes in a professional manner.

When selecting staff for foreign assignments, we check the professional and personal suitability of candidates as part of a multi-stage process. Our decisions are always informed by the key question: What is best for the project and thus for the people in the emergency situation?

Our international operating teams are in constant contact with our Cologne headquarters. A lively exchange takes place via telephone and e-mail, so that ad hoc assistance can be provided and decisions made jointly. Digital means of communication are intensifying contact between all employees involved in administration, coordination and projects.

In addition, monthly reports from the countries of deployment document patient statistics, aid consumption, progress of construction works and the general progress of projects as a whole. In this way, Cap Anamur ensures that projects can be tracked at any time. A project manager from the executive board or management regularly visits our current projects. Thanks to their medical expertise and project experience, they can quickly assess the

status quo on site and, if necessary, intervene to optimize it.

Despite forward-looking planning, it is not always easy to make forecasts for the future, even within individual projects. Crisis situations and the associated needs can change dramatically within a few hours. Cap Anamur, with its flexible administrative apparatus, short decision-making paths and independence from public institutions, has created a broad plan of action that allows individual adaptations to such changes. Thus, we are not powerless in face of the inherent degree of uncertainty of such projects, but instead maintain our ability to act to provide flexible and sustainable assistance.

With these principles Cap Anamur also guarantees the responsible handling of donations. Because only when adapting projects to the conditions at the place of action can the responsible use of the money be guaranteed. So project monitoring does not only take place in the crisis regions. A comprehensive control system has been put in place in the Cologne head office. Incoming donations are checked daily and analysed in monthly statements. Fluctuations in income can thus be identified in good time, and can be taken into account for further project planning. We reject donations from companies or institutions whose goals and principles are not compatible with the philosophy of Cap Anamur. In this way, we avoid undesirable influence by third parties on our work.

All expenses are monitored in the same way. Purchasing and procurement are also subject to a specific signature regulation. Management and admin staff monitor all cash flows on the basis of the four-eyes principle. In this way, we exclude the possibility that monetary control accumulates in just one person. If there is a violation by an employee at any point, the incident is examined individually and appropriate measures are taken with immediate effect.





## Managing Risk and Threats

The work of an international aid organisation engaged in war and crisis regions is inevitably linked to risks and threats. Cap Anamur therefore attaches great importance to an appropriate analysis so that the organisation can continue to support existing projects and plan new deployments without putting social, economic or ecological structures at risk.

Our analysis is based on a basic distinction between the terms risk and threat. While we actively take risks as a side effect of making decisions, threats mostly affect our work from the outside. We can therefore consciously take or avoid risks, whereas we cannot influence the emergence and extent of threats, but can only react appropriately to them.

## Risks and Risk Management

An obvious example of a risk that we must take to make balanced decisions is the handling of the donations entrusted to us. Every investment carries the risk of loss. We must pay special attention to how we use funds at least on three levels: when purchasing goods for our projects; when spending funds on administration and public relations; and when we invest cash reserves that are not needed straight away.

The risk incurred by unnecessary financial losses is obvious: imprudent purchases of materials that are not required, disproportionately high administrative expenses or a speculative investment on the stock exchange may result in donations not actually reaching their proper destination - the people in need. For this reason, our decisions are strictly based on evaluating the actual requirements. This significantly minimises risk. Before we purchase goods such as building materials, medicines and technical equipment, we carry out an inventory which shows which supplies are already in stock. Taking into account the number of people affected and our targets, we then calculate any additional purchases required.

To gain insight into local pricing, we obtain quotes from various suppliers, compare risk and threat analyses, and finally decide on the supplier with the correct price to quality ratio for our purposes. Administrative expenses cannot be completely avoided. Without a functioning and effective administration the implementation of projects is not possible. For example, we need a cash register system in each country of operation, and staff to administer it.

Especially at our head office in Cologne we have to invest funds to enable the administration of donations, book-keeping, coordination and public relations activities necessary to control and steer our projects. However as we are convinced that a

lean administration team can offer maximum effectiveness and adaptability, we deliberately keep our office staff - and thus costs - small, with just five employees. We do not operate branch offices, but coordinate all processes from our head office. In addition, our public relations work is modest and targeted. We do not invest in cost-intensive television or poster advertising where it is not clear which target groups are reached. Instead, we focus on providing factual information provided to our donors and other interested parties by means of newsletters, mailings or flyers.

We take the same care when managing our cash reserves, which enable us to act in the event of an unplanned emergency such as a natural disaster. With these money reserves we apply a consistently low-risk investment strategy. Risky stock market transactions are out of the question for us. Our donors' mandate to support people in need worldwide is too important to rely on the promise of share price increases. Following the advice of a number of banks and independent advisors, we invest the money in a way that ensures that it retains its value.

## Threat and Threat Management

We also focus our attention on dealing with threats so that ongoing projects will not suffer any damage. Examples of possible threats include a

massive decline in donations, or the intensification of a military conflict in the vicinity of our projects. What all these threats have in common is that we have no significant influence on whether they occur or not. However, we can take measures to react appropriately to them. The causes for a decline in donations can be manifold: changes in the private finances of individual donors; additional financial burdens due to unforeseen events; or the deterioration of the general economic situation in a country which causes an increase in uncertainty and a focus on individual financial security. Elderly donors may suddenly have to find additional funds for long term care. Demographic change will further intensify this effect and is likely to have a negative effect on donors' willingness to give to charity.

As an organisation financed almost exclusively by private donations, we are dependent on donors. If they fail to materialise or decline significantly we must react accordingly. True to the ideal of far sighted planning, we are already extending our fundraising efforts to other avenues. For example, we apply to private foundations, international competitions and public donors for part financing of projects, always taking into account that the thematic orientation of the potential donors have to align with our own philosophy. It is very important that our self-determined work in the crisis countries is not influenced or even impaired by these new financing models. In addition, this type of



fundraising must not be linked to a disproportionate increase in administrative costs.

Cap Anamur is active in countries where the security situation is often extremely sensitive. If conflicts in our regions of operation escalate they can seriously impact our work - especially now that health facilities and civilians are often the victims of targeted bombings. We address this threat by means of a close-meshed communication and networking strategy. All information at Cap Anamur is collected at a central location so that we can quickly identify potential threats. This enables us to react in a timely and appropriate fashion. Using short decision making paths we can intervene flexibly and adapt rapidly to the situation on site. This way we can change the nature of the deployment at short notice, or even prematurely terminate the deployment and withdraw our employees. On site, we protect our employees with security guidelines aimed at de-escalation, and by networking and co-operating with other organisations and public institutions worldwide.





## REFLECTION

### Chronology of a project



46

#### Success and Impact control

In all its projects, Cap Anamur pursues a course of action that has a particular focus on ensuring that the impact of operations is sustainable. Irrespective of the situation, we try to use existing structures found in crisis regions and expand them for long-term use. We permanently monitor processes during our missions: and offering support far beyond the duration of each project enables us to monitor success on an ongoing basis.

#### 1. Evaluation journey

The reasons for a humanitarian mission in a crisis region can be manifold, and the needs of the affected people are just as diverse, ranging from acute medical emergency aid to the reconstruction of destroyed buildings and the delivery of professional training. As a rule, Cap Anamur first sends a team of experts to evaluate the situation on the ground, to formulate goals and to develop effective options for action. Based on this, each project can be adapted from the very first minute to the specific situation.

#### 2. Leverage of existing structures

We always aim to implement new projects using existing structures. This avoids creating a temporary relief action, which is taken away from the local people after the project is completed. Instead, our approach is to integrate any project carefully into the existing infrastructure and staff situation, taking the local situation into account. This means that we can integrate local craftsmen, doctors and nurses into the project right from the start. Available buildings and equipment are also put to good use. The necessary building materials are purchased from local suppliers and transported in cooperation with local logistics companies. Together with the affected population, we reconstruct and expand a system that can continue to be used long after the project has been completed.

#### 3. Staff training

If local doctors and nurses lack sufficient professional qualifications, our employees carry out intensive training. The range of training is very broad and is geared to fill the knowledge gaps of the learners. This could involve instruction in the use of new medical or technical equipment, all the way to a three-year training course with a state-certified qualification. In accordance with the principle of „helping people to help themselves“, this enables local staff to make diagnoses and carry out appropriate treatment themselves.

#### 4. Transfer of projects

As soon as the work can be done completely by the local population, we organize the gradual transfer of the project into local hands. Even after the departure of our employees, the project will not be left to their own devices as we continue to monitor progress. We continue to visit regularly, and deliver medicines. We also offer financial support for special expenses that cannot be covered locally, such as the purchase of medical equipment. We maintain contact with local decision-makers for many years after the end of each project. This approach has proven to be a successful and sustainable method of implementing projects.

47



## REFLECTION

### Principles of our work

#### Fundamentals of our work

For over 40 years Cap Anamur has been giving humanitarian help. Within this timespan we were able to build up a rich treasure trove of experience. Out of this fund we crystallised a range of fundamentals and principles which have proven to be indispensable acting maxims for the daily work of our employees in Germany and our countries of operation worldwide.

Strengthen regional initiative and promote self-help.

We are independent - maintaining our own freedom of choice and free from military and economic influence by third parties.

Our aim is to strengthen the local people's own initiative, as well as those of the organization, in order to support self-empowerment.

No project is over as soon as the operative phase is completed. We remain close and active striving towards a sustainable quality assurance throughout each stage of the project, until completion.

We help people in need, regardless of their ethnical, religious or political affiliation.

We work hand in hand with other Non-Governmental Organizations that share our values.

Careful budgeting as well as financial transparency towards the public and the donors is essential for us.

Continuous development of projects and employees.

We improve the infrastructure of individual projects by developing future-oriented sustainable formations, which are run by our professionally experienced staff.

We are always open to hear new ideas and innovations from the local people. As an organization, we see ourselves as constant learners and strive to improve our knowledge base day by day.

We construct our activities close y with the people in need and alongside the local authorities. Our work is purely demandoriented

Being politically independent does not mean 'having no opinion' at all.



# REFLEXION

## Our organisational structure



### General assembly

The general assembly is the highest organ of our association. Regular general assembly meetings take place at least once a year. It is responsible for the following tasks:

- 1. Formal approval of the executive board’s actions after presentation of the annual report
- 2. Election of the executive board
- 3. Passing resolutions on amendments to the articles of association and the dissolution of the association
- 4. Determining the framework conditions and remuneration of the executive board

### Executive Board

The executive board is responsible for all affairs of our association, as far as these do not fall within the area of responsibility of the general assembly. It is also responsible for the implementation of the statutes, and the use of donations in accordance with the statutes.

The executive board consists of three members. According to § 26 of the German Civil Code (BGB) the association is legally represented by two executive board members. Members are elected to the board for a term of two years. Board members act in an honorary capacity. They can be compensated for services that go beyond normal board business. No such compensation was paid in 2022. Specific tasks of the board are:

- 1. Establishing guidelines for the use of donated funds
- 2. Approving the annual budget
- 3. Appointing an independent auditor
- 4. Deciding on the admission of new members
- 5. Calling General Meetings
- 6. Drawing up the agenda for the regular general assembly
- 7. Monitoring the implementation of decisions

### Head office

The Cologne head office is responsible for the association’s administration, as well as for coordinating all projects in the operating areas. There are five salaried employees, one of whom works part-time. The internal management was transferred from the board to Bernd Göken.

### Audit

As in previous years, our accounts were audited by an independent auditor. The fee for the 2022 financial statements was 16.249,45 €.

### Remuneration structure

In 2022, the total annual remuneration of head office employees amounted to € 69.705,53. Although there are only very few full-time employees, there is a clear structure with regards to salary brackets. Employees’ remuneration is based on their level of responsibility and length of service. 13 monthly salaries are paid.

Gross annual salary from € to €

Interns:	9.600,-	
Clerical assistants:	27.800,-	45.600,-
Trainees:	26.000,-	30.000,-
Coordinators:	43.800,-	56.600,-
Department heads:	47.200,-	68.900,-
Managing Director:	64.300,-	78.300,-
Project staff	24.000,-	42.000,-



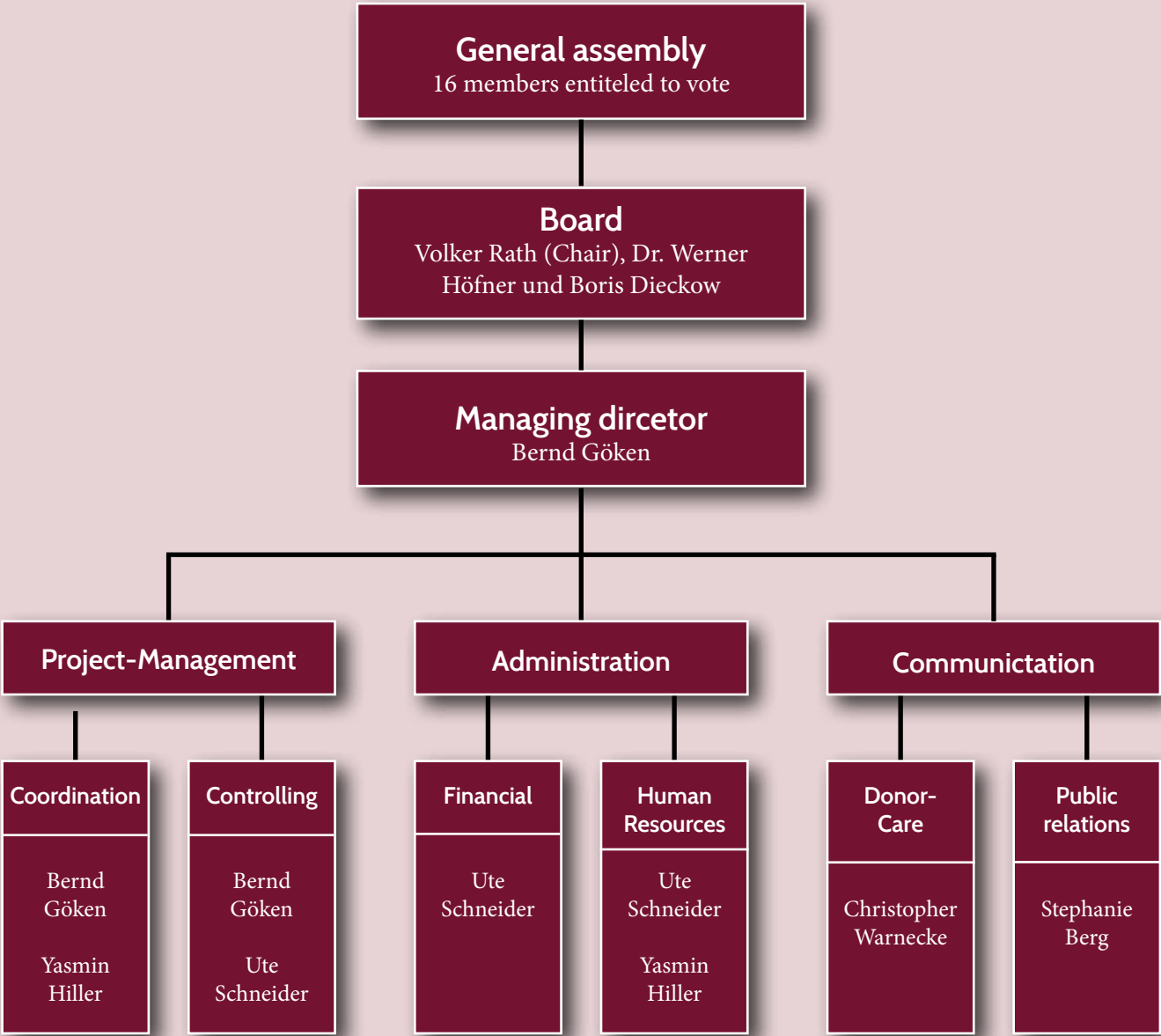
# REFLEXION

## The main bodies and their functions

Cap Anamur/Deutsche Not-Ärzte e.V. is active worldwide as a non-profit non-governmental organisation. We are incorporated as a registered non-profit association. The head office is located in Cologne. The organisation chart shows the composition of the association as of 31.12.2022.

All voters of the general assembly, as well as the executive board, which is elected members, work for Cap Anamur in an honorary capacity. The six employees of the office are salaried employees of the association, of which four work full time and two works part time.

Our employees outside of Germany are not represented in the organisation chart. In 2022, we had an average of 25 seconded employees worldwide, working in the fields of medicine, healthcare and technical support. As a rule, they commit themselves to a minimum of six months' secondment, and receive the same salary regardless of their profession.





## FINANCIAL Principles



54

### Independently examined

Our financial system annually takes an independent and thorough audit. During this, projects as well as the accounting are examined carefully. Besides the coherence of the settlement, the transparency and traceability of the internal processes are assessed as well. As in every previous year, our financial accounting also passed the examination for 2019 and once again we received unrestricted auditors' report.

### No entry without receipt

We are aware of the fact that by accepting donations, we also take on the responsibility to use the funds wisely and effectively. Because of this, we work with a transparent cash and record system in all of our projects, to have the control over incoming and spent means at all times. In a monthly rhythm, the people in charge of the projects submit their cash settlements to the central accounting department in Cologne. Here, all financial flows are examined and documented. Within the financial administration we always act according to the principle: No entry without receipt.

### Traceable

To illustrate our expenses as well as the donations entrusted in us for everybody, we trace the most important facts of the development of our financial position in the following pages. In so doing, we want to make it traceable for our donors by showing them concrete numbers which means they provide for us and how we allocate them to our projects.

55





FINANCES

Expenditure by project country (in euro)



	Free funds	Earmarked funds	Total
<b>Africa</b>			
Guinea	59.058,81	0,00	<b>59.058,81</b>
Mozambique	258.599,55	900,00	<b>259.499,55</b>
Sierra Leone	458.090,57	42.157,50	<b>500.248,07</b>
Sudan	1.031.695,18	136.175,00	<b>1.167.870,18</b>
Uganda	20.000,00	0,00	<b>20.000,00</b>
Somalia	-290,00	290,00	<b>0,00</b>
Central African Republic	1.158.434,32	17.368,41	<b>1.175.802,73</b>
<b>Asia</b>			
Afghanistan	319.868,97	21.959,58	<b>341.828,55</b>
Bangladesh	180.646,26	4.244,39	<b>184.890,65</b>
Iraq	1.289,78	870,00	<b>2.159,78</b>
Lebanon	276.904,89	80.100,99	<b>357.005,88</b>
Pakistan	18.780,36	2.155,00	<b>20.935,36</b>
<b>Europe</b>			
Ukraine	12.952,93	305.206,60	<b>318.159,53</b>
<b>Corona</b>	-154,97	394,00	<b>239,03</b>
Project support			<b>67.264,45</b>
<b>Total output Project countries</b>	<b>3.795.876,65</b>	<b>611.821,47</b>	<b>4.474.962,57</b>

Expenses for project support, administration  
and public relations

	Expenditure (in euros)
Project output	<b>4.474.962,57</b>
Administration + project support	<b>144.293,54</b>
Press and Public Relations	<b>171.794,01</b>

Percentage distribution of expenses

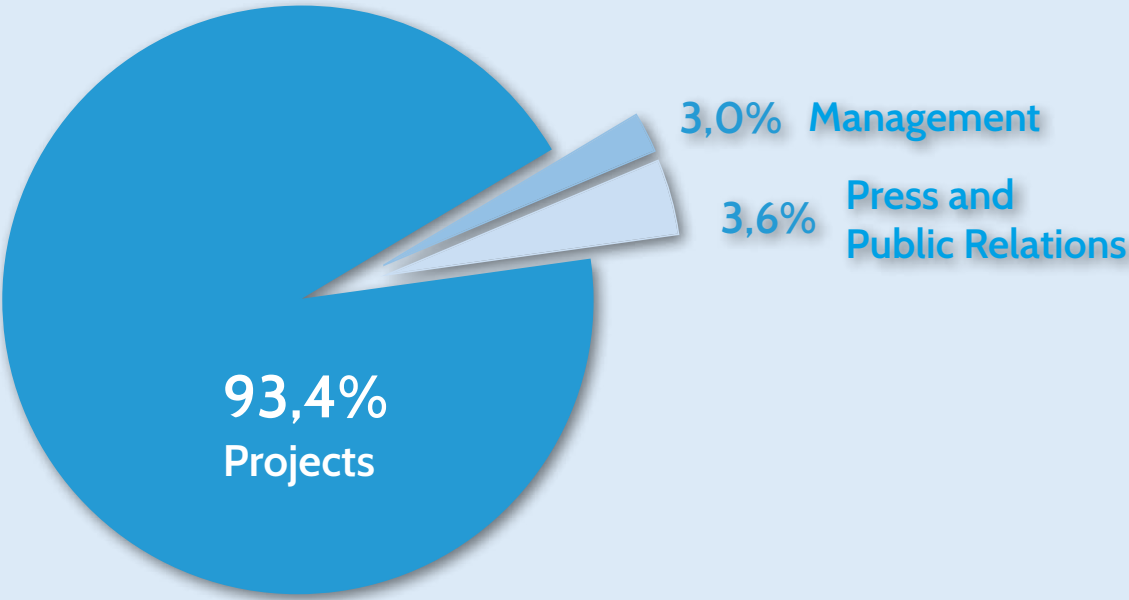
	Expenditure (in euros)	Percent
Projects	4.474.962,57	93,4 %
Management	144.293,54	3,0 %
Press and Public Relations	171.794,01	3,6 %
<b>Total</b>	<b>4.791.050,12</b>	<b>100 %</b>



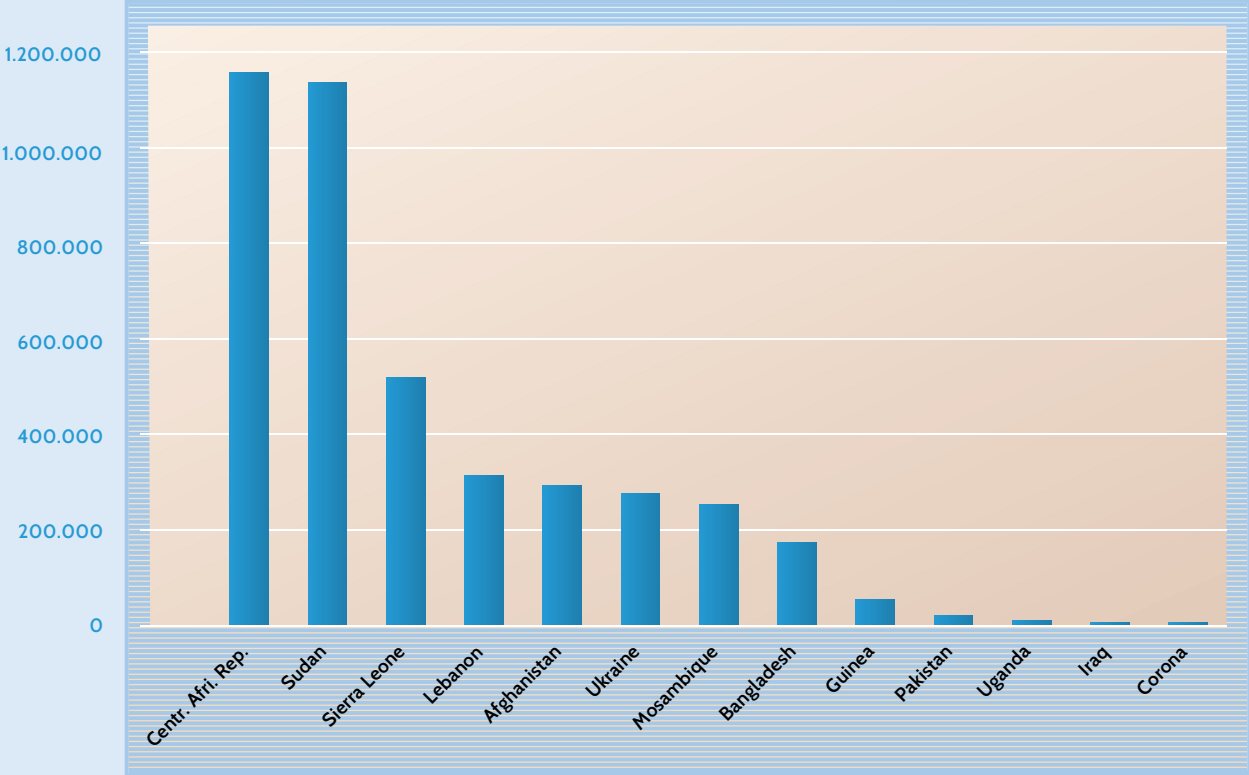
FINANCES  
Expenses



Percentage distribution of expenditure (in %)



Expenditure by project country (in euros)



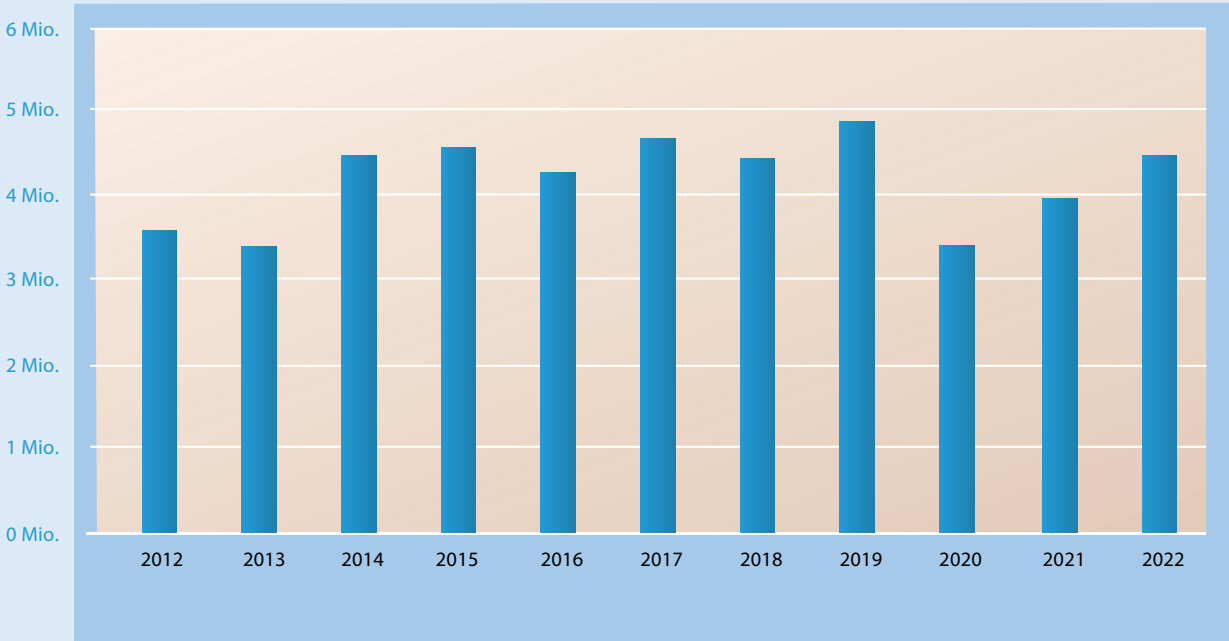




Development of expenses

Year	Project expenses
2012	3.721.774,82
2013	3.217.785,74
2014	4.338.035,21
2015	4.390.561,55
2016	4.184.413,62
2017	4.515.879,10
2018	4.313.296,72
2019	4.779.054,98
2020	3.537.417,38
2021	4.038.961,06
2022	4.474.962,57

Development of project expenditures (in million euros)





## FINANCES

### Expenditure by activity in the project country (in euros)



62

Country	Region	activity	Project expenses (in Euro)
Afghanistan	Herat	Nurse training, tutoring, support of a hospital, support of a dialysis station	341.828,55
Bangladesh	Joypurhat, Noagaon, Netrakona,	Providing care to four government hospitals and three non-government hospitals	184.890,65
Corona	Various project countries	Provision of hygiene measures, hand washing stations, disinfectants, protective clothing for employees	239,03
Guinea	Labé	Assessment trip support hospital in Labé	59.058,81
Iraq		Assessment Journey	2.159,78
Lebanon	Sidon	Transportation of refugees from the camps to health care facilities, assumption of treatment and medication costs, physiotherapy for refugee children with disabilities.	357.005,88
Mozambique	Quissange, Nacobe, Pemba	Reconstruction of medical facilities	259.499,55

63

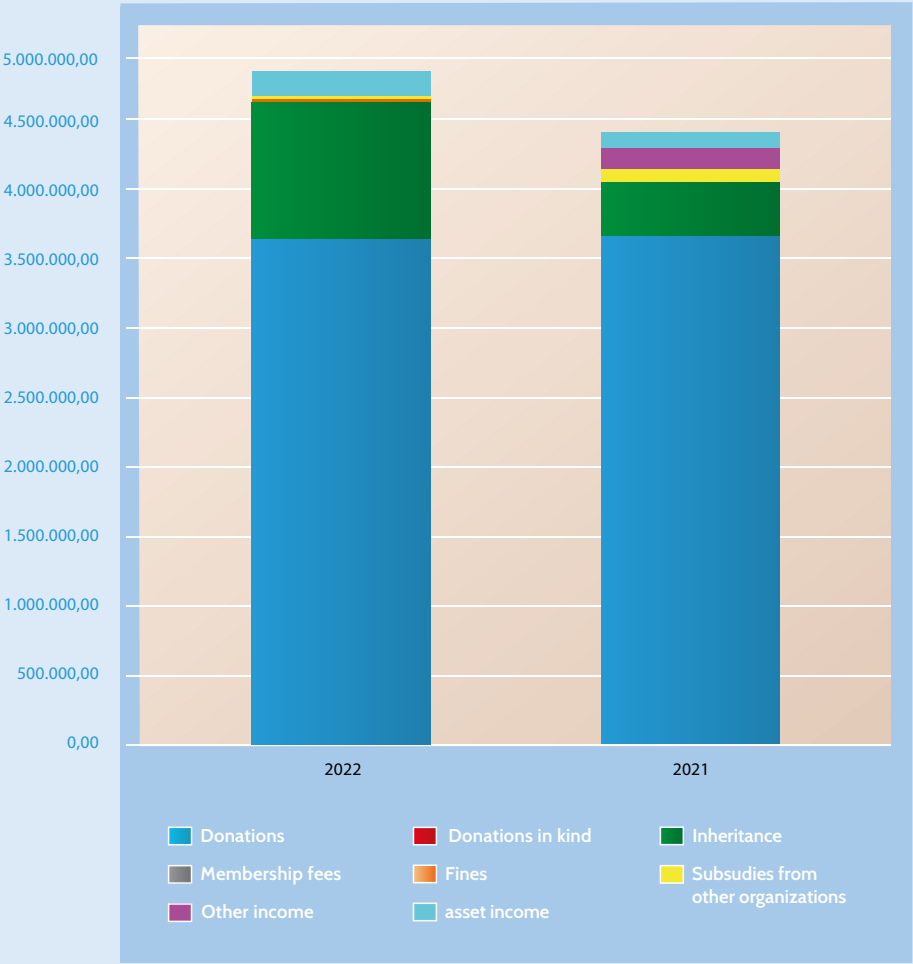
Pakistan	Dadu	Medicine delivery for health centers after flood disaster	20.935,36
Sierra Leone	Freetown	Support for a children's clinic, supply of medicines and technical equipment, supervision of a street children's project and a hygiene project in the slums of the city	500.248,07
Sudan	Nuba-Berge, Lwere	Operation and supply of several hospitals, operation of a feeding center, supply of pregnant women, vaccination program	1.167.870,18
Uganda	Kiryan-dongo	Support the operation of the district hospital, supply of medicines	20.000,00
Ukraine	Nationwide	Emergency medical aid: supplying hospitals with medicines, consumables and equipment	318.159,53
Central African Republic	Bossembélé, Yaloké	Rehabilitation, new construction of pediatrics and supplies for Bossembélé district hospital and Yaloké hospital, new construction of an elementary school in Bossongo	1.175.802,73



# FINANCES

## Income

Development of income (in euros)



\* less donations not yet used

The majority of our total income is made up of the monetary donations that our supporters give us either as free donations or as earmarked donations for a specific project. Deducted are the donations that were specifically paid for a project but can only be spent in the coming year. In addition to monetary donations, there are donations in kind, bequests from legacies, membership fees from the association, interest and property income, and fines imposed. Other income includes the sale of books or mugs.

Development of income (in euros)	2022	2021
<b>Donations</b>	3.672.512,12	3.695.733,56
Free donations	3.061.390,85	3.138.611,47
Earmarked donations	714.665,22	436.558,20
Use of earmarked donations from previous years	8.393,69	128.957,58
Unused earmarked donations from previous years	-111.937,64	-8.393,69
Deduction of membership fees	-	-
<b>Donations in kind</b>	-	-
<b>Inheritance</b>	<b>938.409,43</b>	<b>372.775,95</b>
<b>membership fees</b>	<b>1.140,00</b>	<b>1.140,00</b>
<b>Fines</b>	<b>5.300,00</b>	<b>3.052,00</b>
<b>Governmental Subsidies</b>	-	-
<b>Subsudies from other organizations</b>	<b>14.314,45</b>	<b>96.185,55</b>
<b>Other income</b>	-	<b>202.079,85</b>
Operational income	117.943,46	230.175,37
Deduction for currency fluctuations	-70.685,88	-28.095,52
<b>Interest- and asset income</b>	<b>126.086,68</b>	<b>72.736,55</b>
Income from securities	48.618,67	37.812,35
Other interest and similar income	6.782,13	6.828,68
Income from currency valuations	70.685,88	28.095,52
<b>Total income*</b>	<b>4.757.762,68</b>	<b>4.443.703,46</b>



FINANCES  
Assets / Passiva



ASSETS	31.12.2022	31.12.2021
Property, plant and equipment	1.015,00	1.610,00
Financial assets and securities	5.650.804,37	5.212.120,33
Cash on hand and bank balances	2.220.143,85	2.617.484,60
Claims	71.060,48	107.771,19
Accruals and deferrals	0,00	15.871,60
	7.943.023,70	7.954.857,72

PASSIVA	31.12.2022	31.12.2021
Free reserves from inheritances	7.752.510,45	7.738.540,31
Accruals	54.334,72	142.451,86
Commitments	136.178,53	73.865,55
	7.943.023,70	7.954.857,72



# FINANCIALS

## Independent Auditor's Report



68

**We have audited the annual financial statements of Cap Anamur / Deutsche Not-Ärzte e.V., Cologne, comprising the balance sheet as of December 31, 2022, and the profit and loss statement for the fiscal year from January 01, 2022, to December 31, 2022, as well as the appendix, including a description of the accounting policies.**

**In our opinion, based on the findings of our audit, the attached annual financial statements comply, in all material respects, with the German commercial law and fairly presents, in accordance with the German principles of proper accounting, corresponding to the true circumstances the asset and financial position of the association as of December 31, 2022, as well as its financial performance for the fiscal year from January 01, 2022, to December 31, 2022.**

**In accordance with Section 322 (3) sentence 1 of the German Commercial Code (HGB), we declare that our audit has not led to any reservations concerning the regularity of the annual financial statements.**

### **Basis for the audit opinion**

We conducted our audit of the annual financial statements in accordance with Section 317 HGB and under consideration of the German generally accepted principles for the audit of financial statements promulgated by the Institut der Wirtschaftsprüfer (Institute of Public Auditors in Germany) (IDW). Our responsibility under those provisions and standards is further described in the „Auditor's Responsibility for the Audit of the Annual Financial Statements“ section of our auditor's report. We are independent of the association in accordance with the German commercial law and professional regulations and have fulfilled our other German professional obligations in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the annual financial statements.

### **Responsibility of the legal representatives for the annual financial statements**

The legal representatives are responsible for the preparation of the annual financial statements, which comply, in all material respects, with the German commercial law, and for the fair presentation of the annual financial statements, in accor-

dance with the German principles of proper accounting, of asset, financial position and financial performance of the association corresponding to the true circumstances. Furthermore, the legal representatives are responsible for the internal controls, determined as necessary in accordance with the German principles of proper accounting, to enable the preparation of the annual financial statements free from material misstatement, whether intended or unintended.

In preparing the annual financial statements, legal representatives are responsible for assessing the associations' ability of the continuation of its business activities. In addition, they are responsible for disclosing, as applicable, matters related to the continuation of business activities. Furthermore, they are responsible for preparing a balance sheet of the continuation of business activities on the basis of the accounting principle, as long as not opposed to factual or legal circumstances.

### **Responsibility of the auditor for the audit of the annual financial statements**

Our objectives are to obtain reasonable assurance about whether the annual financial statements as a whole are free from material misstatement, whether intended or unintended, as well as to issue an auditor's report that includes our audit opinion on the annual financial statements.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with section 317 HGB and German generally accepted standards for the audit of financial statements promulgated by the Institut der Wirtschaftsprüfer (Institute of Public Auditors in Germany) (IDW) will always detect a material misstatement. Misstatements can arise from non-compliance or inaccuracies and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of addressees taken on the basis of these annual financial statements.

69



# FINANCIALS

## Auditor's Report



70

**During the audit, we exercise professional judgment and maintain a critical basic attitude. Furthermore**

- we identify and assess the risks of material misstatement of the financial statements, whether intended or unintended, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our audit opinion. The risk of not detecting material misstatements is higher for noncompliance than for inaccuracy, as noncompliance may involve fraudulent collaboration, forgery, intentional omissions, misleading presentations, or rather the overriding of internal controls.
- we obtain an understanding of the internal control system relevant to the audit of the annual financial statements, in order to design audit procedures that are appropriate under the given circumstances, but not for the purpose of expressing an opinion on the effectiveness of this associations' system.
- we evaluate the adequacy of accounting policies used by the legal representatives as well as the justifiability of presented estimated values and related disclosures made by legal representatives.

- we conclude on the adequacy of the accounting policies used by the legal representatives for the continuation of business activities, as well as whether a material uncertainty, based on the audit evidence, related to events or circumstances may cast significant doubt on the Association's ability for the continuation of business activities. If we conclude that a material uncertainty exists, we are required to draw attention to the related disclosures in the annual financial statements in our auditor's report or, if such disclosures are inadequate, to modify our particular audit opinion. We draw our conclusions on the basis of the audit evidence obtained up to the date of our auditor's report. Future events or circumstances may, however, result in the association being unable to continue their business activities.
- we assess the overall presentation, structure, and content of the annual financial statements, including the disclosures, and whether the annual financial statements represent the underlying business transactions and events in a manner that the annual financial statements give a true and fair view of the net assets, financial position, and financial performance of the association in accordance with German principles of proper accounting.

71

**We discuss with those charged with governance, among other matters, the planned scope and timing of the audit and significant audit findings, including any deficiencies in the internal control system that we identify during our audit.**

Bonn, 1th of July 2023.

W I R O G GmbH  
Wirtschaftsprüfungsgesellschaft  
(Auditing company)

Daniel Hübner  
Wirtschaftsprüfer  
(Auditor)





## CONTACT



SPARKASSE KÖLN/BONN

IBAN: DE85 3705 0198 0002 2222 22

BIC: COLSDE33

Feel free to contact us:

**Cap Anamur**

**German Emergency Doctors e.V.**

Thebäerstraße 30

50823 Cologne

Germany

Phone: +49 (0) 221 - 9 13 81 50

Fax: +49 (0)221 - 9 13 81 59

E-Mail: [office@cap-anamur.org](mailto:office@cap-anamur.org)

[www.cap-anamur.org](http://www.cap-anamur.org)

[www.facebook.com/CapAnamur/](https://www.facebook.com/CapAnamur/)

[www.twitter.com/capanamur\\_org/](https://www.twitter.com/capanamur_org/)





**Cap Anamur / German Emergency Doctors e.V.**

Thebäerstraße 30 • 50823 Cologne • Phone: +49 (0)221 913815-0 • [office@cap-anamur.org](mailto:office@cap-anamur.org) • [www.cap-anamur.org](http://www.cap-anamur.org)